



### DISCLOSURE OF CONSULTING SERVICES TENNESSEE ETHICS COMMISSION

This form must be used to disclose to the Tennessee Ethics Commission all compensation for consulting services. Please read the instructions before completing this form. Failure to properly and timely submit the form may constitute a Class C misdemeanor pursuant to T.C.A. §§ 2-10-125 and 126, subsections (d)(1) and (d)(2).

| CHECK THE APPLICABLE BOXES  |   |
|---|---|
| <input type="checkbox"/> Form completed by individual RECEIVING fee | <input type="checkbox"/> Form completed by individual/entity PAYING fee   |
| <input checked="" type="checkbox"/> New Disclosure form             | <input type="checkbox"/> 1 <sup>st</sup> Qtr <input type="checkbox"/> 2 <sup>nd</sup> Qtr <input type="checkbox"/> 3 <sup>rd</sup> Qtr <input type="checkbox"/> 4 <sup>th</sup> Qtr |

| DISCLOSURE OF INDIVIDUAL RECEIVING FEE  |  |
|---|--|
| A. Name of individual receiving fee:<br><b>ADELE LEWIS</b>                                  | B. Position or title of individual:<br><b>State Chief Medical Examiner</b> |
| C. Mailing address:<br><b>710 James Robertson Pkwy 7<sup>th</sup> floor Nashville 37243</b> |  |
| D. Telephone:<br><b>615 532 2968 / 615 479 7660</b>   | E. E-mail address:<br><b>alcmavree@yahoo.com / adele.lewis@tn.gov</b>      |

| DISCLOSURE OF PAYOR  |   |
|--|---|
| A. Name of individual or entity paying fee:<br><b>Daniel Clayton</b> | B. If different from (A), name of individual submitting form on behalf of entity: |
| C. Mailing address:<br><b>127 Woodmont Blvd Nashville 37205</b>      |   |
| D. Telephone:<br><b>615 933 2893</b>                                 | E. E-mail address:  |

| DISCLOSURE OF CONTRACT AND COMPENSATION  |                                      |
|--|--------------------------------------|
| A. Date of contract:<br><b>10/22/2019</b>  | B. Amount of fee:<br><b>\$500/hr</b> |
| C. Date(s) services rendered:<br><b>10/22/2019</b>   |                                      |
| D. General description of services rendered:<br><b>Chart review for medical malpractice suit</b> |                                      |

By my signature below, I attest to the following:

- I understand that, pursuant to T.C.A. §§ 2-10-125 and 126, submitting a Disclosure of Consulting Services form which contains false information may subject me to the penalties of perjury;
- The information contained in this Disclosure of Consulting Services form is true and correct to the best of my knowledge, information and belief.

  
 \_\_\_\_\_  
 SIGNATURE



**10-22-19**  
 \_\_\_\_\_  
 DATE

**10/23/19**